



## NOTICE OF CLAIM AND PROOF OF LOSS SHORT-TERM COMPREHENSIVE SINGLE-BUYER

Please send this completed form to :  
Export-Import Bank of the U.S., Asset Management Division  
811 Vermont Ave., NW, Washington, DC 20571 (202) 565-3600

Date Received: \_\_\_\_\_

Claim No.: \_\_\_\_\_

### SECTION A. NAMES AND ADDRESSES (please provide full names and addresses)

|   |  |
|---|--|
| <p>A.1 Insured</p> <p>Contact: _____ Fax: _____<br/>Phone: _____ Telex: _____</p>   | <p>A.5 Buyer</p> <p>Contact: _____ Fax: _____<br/>Phone: _____ Telex: _____</p>  |
| <p>A.2 Assignee <input checked="" type="checkbox"/> None</p> <p>Contact: _____ Fax: _____<br/>Phone: _____ Telex: _____</p> | <p>A.6 Overseas Sales Agent <input type="checkbox"/> None</p> <p>Contact: _____ Fax: _____<br/>Phone: _____ Telex: _____</p> |
| <p>A.3 Broker <input type="checkbox"/> None</p> <p>Contact: _____ Fax: _____<br/>Phone: _____ Telex: _____</p>              | <p>A.7 Manufacturer</p> <p>Contact: _____ Fax: _____<br/>Phone: _____ Telex: _____</p>                                       |
| <p>A.4 Exporter</p> <p>Contact: _____ Fax: _____<br/>Phone: _____ Telex: _____</p>  | <p>A.8 Issuing Bank</p> <p>Contact: _____ Fax: _____<br/>Phone: _____ Telex: _____</p>                                       |

### SECTION B. CERTIFICATIONS OF INSURED

Please note that the certification is subject to the penalties provided in Article 18 U.S.C. sec. 1001. The Insured certifies that (if any certification cannot be made, please explain):

1. it has completed and attached the following sections:  A;  B;  C;  D;  E;  F;  G;  H;  I;  J;
2. the amount claimed is presently owing by the buyer/issuing bank;
3. the buyer has not asserted any defenses to this debt nor disputed the amount of the debt owing, there are no unresolved documentary credit disputes between the Insured and the issuing bank on any insured transaction;
4. it has not granted any discounts, allowances, rebates or commissions, except as follows and has not made any payments to the buyer/issuing bank ( None);
5. to the best of its belief, it has complied with the terms and conditions of the policy, all the information supplied in support of this claim is complete and true, and it has not withheld any material facts;
6. the rates of interest charged are legally valid and enforceable for the approved currency under the laws of the country of the buyer/issuing bank.

Name: \_\_\_\_\_

Title: \_\_\_\_\_



# EXPORT-IMPORT BANK *of the* UNITED STATES

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## SECTION C. RELEASE AND ASSIGNMENT

You have the option of completing and submitting this Release and Assignment with your claim submission. If you do, the release will operate upon negotiation of a claim payment check. This will expedite your claim payment in the event of claim approval.

WHEREAS the Export-Import Bank of the United States (Ex-Im Bank) issued an Export Credit Insurance Policy to the Insured; AND WHEREAS, the Insured has filed a claim under insurance policy \_\_\_\_\_ on the proof of loss dated \_\_\_\_\_; NOW, THEREFORE, the Insured and Ex-Im Bank agree as follows: In the event the claim is approved for payment and the Insured or its assignee or any agent negotiates a claim payment check, the Insured does release Ex-Im Bank from all claims, actions, and causes of action of whatsoever character and description which the Insured ever had, now has or hereafter can, shall or may have relating to this claim. AND, in further consideration of the claim payment by Ex-Im Bank, the Insured does assign to Ex-Im Bank, its successors and assigns, all right, title and interest in, and all sums of money now due, or to become due, to the Insured from the Buyer under the transactions and accounts relating to the Claim, and any and all contracts, security and evidences of indebtedness relating thereto; to have and to hold the same, with full power, at their own cost, to collect and enforce the same, for their own use and benefit by any action or proceeding in the name of the Insured or otherwise, and to take all legal steps as they deem proper or necessary in connection herewith.

In witness whereof, the Insured has caused this instrument to be signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Name of Insured)

By: \_\_\_\_\_  
(Signature)

Name and Title: \_\_\_\_\_  
(Print)

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ a notary public in \_\_\_\_\_ and for the aforesaid County and State, do hereby certify that on this day, before me personally

came \_\_\_\_\_ to me known, who, being duly sworn, did depose and say that he/she

is the \_\_\_\_\_ of \_\_\_\_\_, the entity described herein and which executed the foregoing instrument; and that he/she has full authority to complete and execute the said instrument in the name of, and on behalf of, the said entity.

In witness whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

(Seal)



## SECTION D. POLICY INFORMATION

|                       |                              |
|-----------------------|------------------------------|
| Policy No.: _____     | Shipment/Volume Limit: _____ |
| Effective Date: _____ | Effective Date: _____        |
|                       | Endorsement No.: _____       |

Any limits in effect are noncumulative. Only one credit limit can be in effect for the buyer/issuing bank on the date of shipment.

## SECTION E. CLAIM INFORMATION

|   |  |
|---|--|
| Date of Premium Payment:                                | Policy Provision Claimed Under Article 1:<br><input type="checkbox"/> Risk 1<br><input type="checkbox"/> Risk 2<br><input type="checkbox"/> Risk 3<br><input type="checkbox"/> Risk 4  |
| Date(s) Shipped:  |  |
| Original Terms of Sale:                                 |  |
| First Default Date:                                     | Special Conditions if Applicable:<br><input type="checkbox"/> Security Interest<br><br><input type="checkbox"/> Guarantors<br>Name(s) <input style="width: 150px; height: 50px;" type="text"/><br><br><input type="checkbox"/> Other _____ |
| Product(s):   |  |
| Foreign Content Percentage: _____ %                     |  |
| Last Date Payment was Demanded from Buyer/Issuing Bank: |  |



## SECTION F. CLAIM DOCUMENTATION

As required under the Policy, please enclose evidence of written demand for payment from the Buyer or Issuing Bank and each guarantor dated no later than 30 days prior to submission of the claim.

Enclosed

For all claims the following documentation is required:

1. Invoice  Enclosed
2. Bill of Lading  Enclosed
3. Collection Effort  Enclosed

The documentation listed below is normally required for all claims. If a document does not apply to your transaction, indicate "Not Applicable". To avoid processing delays, please provide all applicable items or explain why an item is not enclosed in the space provided below:

ALL CLAIMS - Please check "Enclosed" if the document is enclosed or "Not Applicable" if the document is not applicable to your transaction:

- |   |                                   |   |
|---|-----------------------------------|---|
| 1. Promissory Note (copies)                   | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 2. Draft (copies)                             | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 3. Letter of Credit                           | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 4. Purchase Order                             | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 5. Contract of Sale                           | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 6. Invoice                                    | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 7. Evidence of U.S. Origin                    | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 8. Acceptance Advice                          | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 9. Nonpayment Advice                          | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 10. Ledger                                    | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 11. Overdue Reports                           | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 12. Special Conditions indicated in Section E | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 13. Other Insurance                           | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 14. Import Permit/License/Registration        | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |



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## SECTION G. SCHEDULE OF SHIPMENTS--SHORT-TERM ONLY

All outstanding insured shipments made to the buyer must be scheduled and included with this claim whether or not a shipment is presently eligible for coverage. For example, if there are two insured invoices outstanding to a buyer and only one is eligible for claim filing, the second invoice should be included as part of this claim filing. For each shipment, attach and group the invoice, bill of lading, debt instrument, and any related documents. The bill of lading date is the date of shipment for purposes of this schedule.

Interest calculations reflecting the dollar amount of the contract interest due for each invoice must be included in the column listed below.

Policy Year \_\_\_\_\_ to \_\_\_\_\_  
 Month Day Year Month Day Year

| ALL CLAIMS     |               |                 |                      |  |                           |                          |                         |               |             |                         |
|----------------|---------------|-----------------|----------------------|--|---------------------------|--------------------------|-------------------------|---------------|-------------|-------------------------|
| Invoice Number | Shipment Date | Contract Amount | Interest To Due Date | Interest From Due Date to 180 Days After | Principal Partial Payment | Interest Partial Payment | Date Interest Paid Thru | Payment Terms | Due Date(s) | Month Shipment Reported |
|                |               |                 |                      |  |                           |                          |                         |               |             |                         |
|                |               |                 |                      |  |                           |                          |                         |               |             |                         |
|                |               |                 |                      |  |                           |                          |                         |               |             |                         |

Total Gross Invoice: \_\_\_\_\_

Are there any uninsured amounts with this buyer?  Yes  No

If so, please indicate how much \$ \_\_\_\_\_

Why are these shipments uninsured? \_\_\_\_\_



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## SECTION H. CALCULATION OF ELIGIBLE LOSS (SHORT-TERM ONLY)

**Total contract amount of all shipments:** \$ \_\_\_\_\_

(+) Plus interest at \_\_\_\_\_ to maturity dates:  
(contract rate) \_\_\_\_\_

(+) Plus interest at \_\_\_\_\_ from maturity date to 180 days after maturity date:  
(contract rate) \_\_\_\_\_

### (-) Minus

a. Total buyer payments: (\_\_\_\_\_)

b. Other credits, discounts and allowances: (\_\_\_\_\_)

c. Funds received from any other source: (\_\_\_\_\_)

d. Savings because of nonpayment of agent's commission: (\_\_\_\_\_)

**Net Loss:** \$ \_\_\_\_\_

**Net Loss x Coverage** \_\_\_\_\_ % \$ \_\_\_\_\_  
(eligible loss)





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Insured Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_

## SECTION J. LEDGER EXPERIENCE

INSTRUCTIONS: 1. Complete the following schedule, listing all shipments made during the 12 months prior to the first claimed shipment.

2. Be specific regarding the credit terms extended to the buyer for each shipment.

| Invoice No. | Amount | Terms | Shipment Date | Due Date | Date Paid | Amount Paid |
|-------------|--------|-------|---------------|----------|-----------|-------------|
|             |        |       |               |          |           |             |
|             |        |       |               |          |           |             |
|             |        |       |               |          |           |             |
|             |        |       |               |          |           |             |

I represent that the information supplied on this worksheet is complete and accurate and is evidenced by the business records of the insured. I understand that Ex-Im Bank has the right to audit these records and to request copies of any documents used to complete this schedule.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed